

**TRANSMITTAL
FORM**

(To be used for all correspondence after initial filing)

Application Number	10/673,537
Filing Date	9/29/2003
First Named Inventor	DICAMILLO
Art Unit	2616
Examiner Name	Grey
Attorney Docket Number	20T-039
Total Number of Pages in This Submission	

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Posz Law Group, PLC		
Signature	<i>Kerry S. Culpepper</i>		
Printed name	Kerry S. Culpepper		
Date	12 July 2007	Reg. No.	45,672

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name		Date	

FEE TRANSMITTAL



<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/673,537</td> </tr> <tr> <td>Filing Date</td> <td>9/29/2003</td> </tr> <tr> <td>First Named Inventor</td> <td>DICAMILLO</td> </tr> <tr> <td>Examiner Name</td> <td>Grey</td> </tr> <tr> <td>Art Unit</td> <td>2616</td> </tr> <tr> <td>Attorney Docket No.</td> <td>20T-039</td> </tr> </table>	Application Number	10/673,537	Filing Date	9/29/2003	First Named Inventor	DICAMILLO	Examiner Name	Grey	Art Unit	2616	Attorney Docket No.	20T-039
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TOTAL AMOUNT OF PAYMENT (\$) 150													

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ None ☐ Other (please identify):
- ☒ Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLC
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
36	- 33 or HP = 3	x	= 150			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 4 or HP =	x	=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification,	\$130 fee (no small entity discount)	
Other,		

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 45,672	Telephone (703) 707-9110
Name (Print/Type)	Kerry S. Culpepper		Date 12 July 2007



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: DICAMILLO et al.

Atty. Dkt.: 20T-039

Serial No.: 10/673,537

Art Unit: 2616

Filed: 9/29/2003

Examiner: Grey

Title: VARIABLE BANDWIDTH SIGNAL
MULTIPLEXER AND DEMULTIPLEXER

Mail Stop Amendment

Commissioner for Patents
U.S. Patent and Trademark Office
Customer Window
Randolph Building
401 Dulany St.
Alexandria, VA 22314

Date: 12 July 2007

AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed 19 April 2007, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

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